## **Kentucky Department for Public Health Fall 2012 CCSG Emergency Revisions**

The following revisions have been approved to be incorporated in the Core Clinical Service Guide (CCSG), <u>effective no later than two weeks after the signature date below</u>.

Section	Description of Revision/Addition	Replace Page(s)
Intro & Signature	Updated Commissioner's signature.	Page 1
Lab	Replace findings and directives under lead screening with "see lead section for guidance."	Page 4
STD	Page 6: SYPHILIS, Under RECOMMENDED TREATMENT column, remove the words in a single dose that follow the recommended treatment.  Pages 9, 10, 11 & 12: By the heading GONOCOCCAL INFECTIONS on each of these pages, remove the following statement: Also treat for Chlamydial infection if not ruled out by a sensitive test such as a nucleic acid amplification test.  Page 9: Under Heading Condition input the word 'Male' before Urethra. Under Heading TESTS input '2' after the word COMBO and delete the 'S' from NAATS. Under Heading TESTS and after "DLS" change upper case of "Offers" to lower case 'offers' and replace the word "on" with 'for'.  Page 9: GONOCOCCAL INFECTIONS, Under the TESTS column, remove the following statement: APTIMA is not approved by the FDA for rectal or pharyngeal specimens. Culture is the preferred method of detection. Add the following statement in the above statements place:  DLS offers this molecular test for rectal and pharyngeal specimens.  Page 10: Under Heading "TESTS" row "GC PHARYNX" input at top of column 'APTIMA CT/GC COMBO 2 (NAAT) TEST'. Under Heading "TESTS" and row "GC -PHARYNX" change upper case of "Offers" to lower case 'offers' and replace the word "on" with 'for'. Under Heading "ALTERNATIVES" row "GC PHARYNX" add '(NAAT) 3 weeks after completion of treatment)' after the word 'cure'.  Page 10: GONOCOCCAL INFECTIONS, Under the TESTS column, remove the following statement: APTIMA is not approved by the FDA for rectal or pharyngeal specimens. Culture is the preferred method of detection. Add the following statement which is located twice in this column: Culture is preferred method of detection.  Page 13: CHLAMYDIAL INFECTIONS, Under the TESTS column, remove the following statement which is located twice in this column: Culture at a certified laboratory. DLS does not perform CT cultures.) Add the following statement in the upper portion of the column in place of the first two statements that were removed above: DLS offers this molecular test for rectal and pharyngeal specimens.	All pages

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Page 13: Under Heading "TESTS" and row "CT – ADULT" add 'MALE & FEMALE' before APTIMA and '2' after COMBO and delete the 'S' from NAATS and capitalize the word TEST. Under Heading "TESTS" and row CT-ADULT" change upper case of "Offers" to lower case 'offers' and replace the word "on" with 'for'. Under Heading "TESTS" and row "CT in CHILDREN" add 'MALE & FEMALE APTIMA CT/GC COMBO 2 (NAAT) TEST' above paragraph that starts "Non-culture..." Under "TESTS" and row "CT in CHILDREN" add '(DLS lab does not perform CT culture)' below ... false-positive test results.

Page 15: Under "TESTS" and row "MPC" input '2' after the word COMBO and delete the 'S' from NAATS and capitalize the word TEST. Under "Partner Services" row MPC alter content of column to 'Sex partners exposed during the previous 60 days should be examined and tested for gonorrhea and chlamydia on their initial visit. They shall also be screened for syphilis and HIV.' Also insert 'Asymptomatic sex partners should be preventively treated on their initial visit if the original patient's lab results are pending or positive.' Also insert 'Symptomatic sex partners should be empirically treated on their initial visit.'

Page 25: After footnote #4 insert: 'A test of cure can be performed using the APTIMA CT/GC Combo 2 (NAAT) Test 3 weeks after completion of therapy.'

Commissioner, KY Department for Public Health

<u>リガル</u> Date

11-15-12

Director of Nursing, KY Department for Public Health

Date